

# 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 4  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00489799	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>76 Words</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 27 / 2016</b>		
Mailing Address <b>1806 Vernon St, NW #100</b>			Amount <b>2050.00</b>		
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20009</b>	Transaction ID : <b>B621103</b>		
Purpose of Expenditure <b>Online video production-Estimated costs</b>		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 27 / 2016</b>		
Name of Federal Candidate <b>Clinton / Kaine</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>US</b>		
Calendar Year-To-Date Per Election for Office Sought		<b>200082.01</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <b>Planned Parenthood Action Fund Inc.</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 27 / 2016</b>		
Mailing Address <b>123 William St, 10th Floor</b>			Amount <b>5000.00</b>		
City <b>New York</b>	State <b>NY</b>	Zip Code <b>10038</b>	Transaction ID : <b>B621104</b>		
Purpose of Expenditure <b>Video footage-Estimated costs</b>		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 27 / 2016</b>		
Name of Federal Candidate <b>Clinton / Kaine</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>US</b>		
Calendar Year-To-Date Per Election for Office Sought		<b>200082.01</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>7050.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Deirdre Schifeling*

[Electronically Filed]

Date

MM / DD / YYYY  
**07 / 29 / 2016**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 2 OF 4  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00489799	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Planned Parenthood Advocates of Ohio</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 29 / 2016</b>		
Mailing Address 206 E State St.			Amount <b>4256.41</b>		
City Columbus	State OH	Zip Code 43215	Transaction ID : <b>B621105</b>		
Purpose of Expenditure Canvassing		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 29 / 2016</b>		
Name of Federal Candidate Hillary Clinton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>US</b>		
Calendar Year-To-Date Per Election for Office Sought <b>200082.01</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <b>Planned Parenthood Advocates of Ohio</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 31 / 2016</b>		
Mailing Address 206 E State St.			Amount <b>1891.73</b>		
City Columbus	State OH	Zip Code 43215	Transaction ID : <b>B621109</b>		
Purpose of Expenditure Events		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 31 / 2016</b>		
Name of Federal Candidate Hillary Clinton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>US</b>		
Calendar Year-To-Date Per Election for Office Sought <b>200082.01</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>6148.14</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Planned Parenthood Advocates of Ohio</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 29 / 2016</b>		
Mailing Address 206 E State St.			Amount <b>4256.41</b>		
City Columbus	State OH	Zip Code 43215	Transaction ID : <b>B621108</b>		
Purpose of Expenditure Canvassing		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 29 / 2016</b>		
Name of Federal Candidate Rob Portman		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>OH</b>		
Calendar Year-To-Date Per Election for Office Sought <b>425765.08</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <b>Planned Parenthood Advocates of Ohio</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 29 / 2016</b>		
Mailing Address 206 E State St.			Amount <b>4256.41</b>		
City Columbus	State OH	Zip Code 43215	Transaction ID : <b>B621107</b>		
Purpose of Expenditure Canvassing		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 29 / 2016</b>		
Name of Federal Candidate Ted Strickland		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>OH</b>		
Calendar Year-To-Date Per Election for Office Sought <b>425765.08</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>8512.82</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

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Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Planned Parenthood Action Fund Inc.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 20 / 2016</b>	
Mailing Address 123 William St, 10th Floor		Amount <b>559.44</b>	
City New York	State NY	Zip Code 10038	Transaction ID : <b>B621102</b>
Purpose of Expenditure Staff time for direct voter contact		Category/ Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 20 / 2016</b>
Name of Federal Candidate Donald Trump		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>US</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>Planned Parenthood Advocates of Ohio</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 29 / 2016</b>	
Mailing Address 206 E State St.		Amount <b>4256.41</b>	
City Columbus	State OH	Zip Code 43215	Transaction ID : <b>B621106</b>
Purpose of Expenditure Canvassing		Category/ Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 29 / 2016</b>
Name of Federal Candidate Donald Trump		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>US</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>4815.85</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	<b>26526.81</b>

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